

## RV PARK & CAMPGROUND APPLICATION - FLORIDA

Underwritten by PHILADELPHIA INDEMNITY INSURANCE COMPANY

### SUBMISSION REQUIREMENTS

- All brochures describing any and all services; or website address.
- Currently valued insurance company loss runs for the current policy period plus 3 prior years, if unavailable, provide a no loss letter signed by the insured.
- ACORD forms for other lines requested (Property, Inland Marine, Crime, etc.).
- Pet Rules, Park Rules or Membership Agreements.
- Documentation that your LP fill station meets code, if applicable

### GENERAL INFORMATION

Named Insured:  
Principal Contact:  
Mailing Street Address:  
Mailing City: State: Zip:  
Location Street Address:  
Location City: County: State: Zip:  
Phone Number: Fax Number:  
Website: www.  
Risk Management Contact:  
Risk Management's Phone Number: Risk Management's Email:  
Business Form: Corporation Partnership Individual LLC Other:  
Effective Date:  
Limit of Liability Requested: \$ 300,000 Occurrence  
\$ 500,000 Occurrence  
\$ 1,000,000 Occurrence

1. Do you operate any other business from this location? Yes No  
*(List information below for each business, use a separate sheet to list information if necessary)*  
If yes, type of entity: Corporation Partnership Individual LLC Other:  
Description of other business:

### PRIOR CARRIER INFORMATION

	Insurance Carrier	Limits of Liability	Premium
Last Year			
Two Years Ago			
Three Years Ago			

### ADDITIONAL INSURED, if necessary use another sheet of paper

Name	Complete Address	Interest

**PROPERTY SECTION**

N/A

**Premises Information**

- |  |   |     |                |
|--|---|-----|----------------|
| 1. Is your location within 50 miles of the Gulf of Mexico or the Atlantic Ocean? |   | Yes | No             |
| 2. What is the Fire Protection Class of your location?                           |   |     |                |
| 3. Distance to fire station?   | Miles   |     |                |
| 4. Is the responding fire department   | staffed or                                      |     | volunteer?     |
| 5. Distance to fire hydrant?   | Feet  |     |                |
| 6. Are there other fire control water sources available?                         |   |     |                |
|  | Pool      Pond/Lake      Water Tank      Other: |     |                |
| 7. Is your location prone to grass fires and/or forest fires?                    |   | Yes | No             |
| 8. Is your location prone to grass fires and/or forest fires?                    |   | Yes | No             |
| 9. Are your buildings located in heavily wooded areas?                           |   | Yes | No             |
| 10. Is the clearing from forest/wooded areas greater than 150 feet?              |   | Yes | No             |
| 11. Is your business operational year round?                                     |   | Yes | No             |
| 12. If no, provide the number of months you are operational:                     | Months  |     |                |
| 13. Are your buildings occupied year round?                                      |   | Yes | No             |
| 14. If no, is there a caretaker on site?   | Yes      No                                     |     | or contracted? |
| 15. If no, are buildings winterized?   |   | Yes | No             |

**Building Information**

- |   |  |     |           |
|---|--|-----|-----------|
| 1. Are there smoke alarms in all corridors and bedrooms?                |  | Yes | No        |
| 2. What type of powered smoke alarms are installed?                     | Battery  |     | Hardwired |
| 3. Is there a CO alarm installed?                                       |  | Yes | No        |
| 4. Do any buildings have cooking facilities?                            |  | Yes | No        |
| <b>If yes, list building numbers:</b>                                   |  |     |           |
| 5. Do any buildings have wood burning fireplaces and/or woodstoves?     |  | Yes | No        |
| <b>If yes, list building numbers:</b>                                   |  |     |           |
|   | If yes, are the chimneys and flues cleaned annually? | Yes | No        |
| 6. Do any buildings have any ACTIVE Knob & Tube and/or Aluminum wiring? |  | Yes | No        |
| <b>If yes, list building numbers:</b>                                   |  |     |           |
| 7. Do you have power generating equipment?                              |  | Yes | No        |
|   | If yes, is it 100% for emergency use only?           | Yes | No        |
| List the size of each unit (in HP and KW):                              |  |     |           |

**DOCK INFORMATION**

- |   |  |     |    |
|---|--|-----|----|
| 1. Number of docks:   |  |     |    |
| 2. Number of boat slips:  |  |     |    |
| <b>Complete the questions below only if property coverage is requested for docks.</b> |  |     |    |
| 3. Construction:  | Frame      Metal      Floating      Fixed      Roofed      Age:      |     |    |
|   | If roofed, has proper engineering for wind/snow loads been assessed? | Yes | No |
| 4. Does the water around your dock freeze?  |  | Yes | No |
|   | If yes, what date on average:  |     |    |
| 5. Are the docks removed?   |  | Yes | No |

**ACCOUNT INFORMATION**

**Management Information**

- |   |   |     |    |
|---|---|-----|----|
| 1. How long have you owned this park?   | Years   |     |    |
| 2. Do you or your manager live on premises?                                       |   | Yes | No |
| 3. Do you have a dog(s)?  |   | Yes | No |
|   | If yes, what breed(s)?  |     |    |
|   | If yes, is your pet ever allowed into guest areas or around guests? | Yes | No |
| 4. Do you have a guest dog breed restriction policy in place?                     |   | Yes | No |
| I. Does the park have security patrol?  |   | Yes | No |
|   | If yes, is the security patrol armed?                               | Yes | No |
| I. Is the park fenced or gated?   |   | Yes | No |
| I. Is there a formal maintenance program for the grounds and landscaping?         |   | Yes | No |
| I. Is the electrical installation and maintenance done by a licensed electrician? |   | Yes | No |
| J. Does the park/resort service or repair engines (RV, Marine, Auto)?             |   | Yes | No |
| F. Do you sell beer/wine/liquor?  |   | Yes | No |

- 1F. Is there a bar/lounge on the premises? Yes No  
 If yes, is it open to the general/non-camping public? Yes No
- 1G. Is your park a member of any state or regional association or franchise? Yes No  
 If yes, please list:
- 1H. Do you have, or have you ever had fuel storage on-site? Yes No  
 If yes:  
 a. Specify the type of fuel:  
 b. What is the containment method (cans, tanks, drums etc.):  
 c. What is the maximum volume at any one time:
- 1I. Do you have or have you ever had a dumping Station? Yes No  
 If yes:  
 a. What are the acceptable classes of waste?  
 b. How is the waste contained?  
 c. What are your disposal practices?
- 1J. Do you have or have you ever had On-Site Pump Out Available? Yes No  
 If yes:  
 a. Please specify the containment method of waste:  
 b. How do you dispose of the waste?
- 1K. Have you, in the past 5 years, had a release of waste or pollutants of any sort that resulted in clean-up that was mandated or over-seen by federal, state or local authorities, or claims for Bodily Injury or Property Damage? If yes, please provide details.

<b>PARK INFORMATION</b>			
<b># of Units</b>	<b>Type of Guest Unit</b>	<b>Type of Clientele, check and give percent of each:</b>	
	RV Pads	Residential	(annual) %
	Tent Sites	Seasonal	(monthly) %
	Single Cabins	Vacation	(weekly/daily) %
	Duplex Cabins		
	Park Model/Modulars		
	Lodge Units		
	Other:		

1. Do you require guests and/or visitors to sign an acknowledgement of risk or liability waiver? Yes No

**ACTIVITY SECTION**

**Actual Total Receipts for Prior 12 Months:** \$  
**Estimated Total Receipts for Next 12 Months:** \$

Activities Conducted	Number of Units	Revenues
General Store		\$
Restaurant		\$
What % of sales from non-camping guests?		%
Snack Bar		\$
Liquor		\$
LP Gas		\$
Gasoline		\$
Laundry		\$
Gun/Archery Range		\$
Horseback Riding		\$
Hay, Sleigh or Wagon Rides		\$
Bicycle Rentals		\$
Tennis/ Basketball Court		\$
Athletic Fields		\$
Playground		\$
Canoes		\$
Float Tubes		\$
Go-karts		\$
<del>Golf Carts</del>		\$
Miniature Golf		\$
RV or Travel Trailer Storage		\$
RV or Travel Trailer Sales & Service		\$
Special Events: weddings, reunions, etc.		\$
Petting Zoo		\$
Is petting zoo area fenced off from guests	Yes      No	
Trails for guest owned ATV touring		\$
Are trails on your premise?	Yes      No	
Trampolines or Jump Houses		\$
Jumping Pillow		\$
Water Skiing		\$
Waverunners and Jet Skis		\$
Hobby Shops or Classes, explain:		\$

1. What recreational and sporting activities, other than those listed above are conducted or take place at your park/resort?
  
2. Is your premise open to the general public for day use other than camping? Yes      No  
 If yes, for what type of activities?
3. What are the revenues from these activities? \$
4. Does your park have a Jumping Pillow (or Kangaroo Jumper or similar amusement device)? Yes      No  
 If yes, please answer the below questions:
  - a. Are all participants required to sign a waiver? Please provide copy for review. Yes      No
  - b. Is there a roll off area of Pea Gravel or sand maintained around the entire periphery of the jumper at least 4" above the pillows edge? Yes      No
  - c. Are all participants' pockets empty and removal of all cell phones enforced before jumping? Yes      No
  - d. Does the jumping pillow have anti-slip surface? Yes      No
  - e. Is your jumping pillow monitored by a staff member (within 50 feet) at all times it is open? Yes      No
  - f. Is your jumping pillow fenced with a locked gate when it is not in use? Yes      No
  - g. Do you have a variable speed air pump for your pumping pillow? Yes      No  
 If yes, do you utilize it to control the height at which guests can jump? Yes      No
  - h. Is your jumping pillow deflated when not in use? Yes      No
  - i. Do you have written procedures in place to advise your staff of how to control the size and number of jumpers on the pillow? Yes      No  
 If yes, please send those procedures with the submission.



**WATERCRAFT GENERAL INFORMATION**

1. What type of operation do you have?  
 Boat Rentals      Fishing Trips      Tube or Canoe Rentals      Hunting      Other:
2. On what bodies of water does use take place?  
 Rivers      Lakes      Ocean      Bays/Inlet
3. If Rivers, what classes are boated:  
 Class I      Class II      Class III      Class IV      Class V
4. Are life vests (PFD's) required? Yes      No
5. Are life vests (PFD's) provided? Yes      No

**CANOE, KAYAK AND / OR RIVER TUBING INFORMATION**

N/A

Boat Type	Maximum Number Used	Average Number Used
Canoes		
Kayaks		
Tubes		

1. Number of guides:
2. What percent of your operations are unguided? %

**LP GAS DISTRIBUTION – FILL STATION**

N/A

1. Do you have documentation that LP Fill Station meets all state and local LP codes for training, equipment etc.? Yes      No
2. Are employees certified and trained to fill LP gas tanks? Yes      No
3. Is fill station fenced or secured? Yes      No
4. How many fixed LP gas tanks do you have on premise?

**LOSS HISTORY**

Date	Description of Incident	Amount Paid/Reserved
		\$
		\$
		\$
		\$

1. Do you have knowledge of any incident which may lead to a claim? Yes      No  
 If yes, please describe:



## CYBER SECURITY LIABILITY ENDORSEMENT – SUPPLEMENTAL QUESTIONNAIRE

Name of Applicant:  
Address of Applicant:  
City: State: Zip:  
Website: www:  
Nature of Operations:

1. Annual sales or revenue: \$
2. Does the Applicant collect, store or otherwise handle any Personally Identifiable Information (PII) belonging to customers, clients, or other third parties, other than employees? Yes No  
If yes, please indicate the types of Personally Identifiable Information held (check all that apply):
  - a. Social Security Numbers, Bank or Other Financial Account Details, Driver's License or other State Identification Numbers
  - b. Non-public Medical or Healthcare Data, including Protected Health Information (PHI)
  - c. Credit or Debit Card Information
3.
  - a. During the last three (3) years, has anyone alleged that the Applicant was responsible for damage to their computer system(s) arising out of the operation of the Applicant's computer system(s)? Yes No
  - b. During the last three (3) years, has anyone made a demand, claim, complaint, or filed a lawsuit against the Applicant alleging invasion or interference of rights of privacy or the inappropriate disclosure of Personally Identifiable Information (PII)? Yes No
  - c. During the last three (3) years, has the Applicant been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? Yes No
  - d. Is the Applicant aware of any circumstance that could reasonably be anticipated to result in a claim being made against them for the coverage being applied for? Yes No

**FRAUD STATEMENT AND SIGNATURE SECTIONS**

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**FRAUD NOTICE STATEMENTS**

**APPLICABLE IN FLORIDA** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

(If this is a Florida Risk, Producer means Florida Licensed Agent)

AGENCY

PRODUCER LICENSE NUMBER

(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)